

# APPLICATION FOR CHEMIGATION USER'S PERMIT

(PLEASE PRINT OR TYPE)

1. Permit to be Issued to: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
*Must be owner or operator of land on which chemigation is to be used. If individual: Last/First/Middle Initial.*

Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

2. (Check One) ☐ Individual ☐ Partnership ☐ Corporation ☐ Association ☐ Other (explain) \_\_\_\_\_

A. If partnership, corporation, association or other, supply the following information on its officers:

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

(Attach a separate sheet, if necessary)

B. If the business is incorporated, supply the following information:

Date: \_\_\_\_\_ State: \_\_\_\_\_ If out-of-state, Resident Agent Name: \_\_\_\_\_

Resident's Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

3. For each POINT OF DIVERSION which supplies water to an irrigation distribution system to be used for chemigation under this permit, list the legal description, Water Right File number, county abbreviation, and type of system (cp=center pivot; dp=drip; fl=flood; o=other/explain). **DO NOT REPORT CENTER PIVOT LOCATIONS.**

Legal Description of Point of Diversion <u>1/4 1/4 1/4</u> Section/Township/Range	Water Right File No.	County (2 Digits)	System Type (Check One)
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## First Well Fee: \$75

1<sup>st</sup> \_\_\_\_\_ cp\_\_\_\_ dp\_\_\_\_ fl\_\_\_\_ o/explain\_\_\_\_\_

## Additional Wells @ \$15 each

2<sup>nd</sup> \_\_\_\_\_ cp\_\_\_\_ dp\_\_\_\_ fl\_\_\_\_ o/explain\_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ cp\_\_\_\_ dp\_\_\_\_ fl\_\_\_\_ o/explain\_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_ cp\_\_\_\_ dp\_\_\_\_ fl\_\_\_\_ o/explain\_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_ cp\_\_\_\_ dp\_\_\_\_ fl\_\_\_\_ o/explain\_\_\_\_\_

(Attach a separate sheet, if necessary)

4. **Chemigation Equipment Operator (CEO).** List operator(s) who will be operating chemigation equipment under this User's Permit:

Name	CEO No.	(Check One)
_____	_____	<input type="checkbox"/> New/Expired * <input type="checkbox"/> Currently Certified **
_____	_____	<input type="checkbox"/> New/Expired * <input type="checkbox"/> Currently Certified **

(Attach a separate sheet, if necessary)

\* CEO Application + Exam Answer Sheet + \$25 must be enclosed with this application.

\*\* DO NOT SUBMIT PAYMENT IF YOU ARE CURRENTLY CERTIFIED.

5. Applicant Signature: I hereby certify that each of the above irrigation systems has been equipped with all of the required chemigation equipment specified by the Kansas Chemigation Safety Law as outlined in the INFORMATION AND REQUIREMENTS leaflet. I certify that all systems added to my permit comply with the PLAN FOR HANDLING TAILWATER and the PLAN FOR USING REQUIRED ANTI-POLLUTION DEVICES submitted with this application. I have read the INFORMATION AND REQUIREMENTS and am aware that copies of the Kansas Chemigation Safety Law and Regulations are available upon request.

SSN. (if individual): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fed. Tax I.D. No. (if corp., etc.): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date (Required): \_\_\_\_\_

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PLEASE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

_____ KDA TR No.	CHP (\$75 1 <sup>st</sup> POD)	\$ _____
_____ Date Rec'd	WS (\$15 ea. add'l)	\$ _____
_____ Check No.	CHE (\$25 ea.)	\$ _____
\$ _____ Check Amount	Refund	\$ _____
	Application Amount	\$ _____

PERMIT NO.	_____
ISSUED DATE	_____
REGION	_____

Paid by (if other than Permit Holder): \_\_\_\_\_

### APPLICATION INSTRUCTIONS

- PLEASE PRINT OR TYPE CLEARLY! Application is self-carboning. If you use a ballpoint pen, press firmly.
- If more space is needed for supplying required information, please attach a separate piece of paper.
- In PARTS 1 AND 2, permits are to be issued to the owner or operator of land on which chemigation is to be used. Permits can be in the name of an individual, partnership, corporation, association, or other. Place an "X" in the appropriate box. In PART 2.A. if the applicant is a partnership, etc., the names, addresses and birth dates of the officers and/or partners must be entered. In PART 2B enter other information about the entity.
- In PART 3, each location should be listed by legal description. The well location or point of diversion should be stated as quarter/quarter/quarter, section/township/range (Example: NW NE SE 23-21-15W) or in feet from the southeast corner of the respective section (Example: 3960' North and 1320' West of SE corner, 23-21-15W). Only points of diversion should be reported. DO NOT REPORT CENTER PIVOT LOCATIONS!
- To receive a Chemigation User's Permit, each applicant for a permit must be a Certified Chemigation Equipment Operator (CEO) or employ at least one individual currently certified as a Chemigation Equipment Operator. In PART 4, list new operator(s) and/or valid or expired CEO's with CEO certification numbers. If CEO certification has expired, completed exam sheet, recertification application and \$25 fee must be enclosed. Five-year certification or recertification is accomplished by successfully passing an open book chemigation exam, completing an application and paying the \$25 fee. Certification exams are available through this office or local extension offices. No individual shall supervise more than 10 *operating* chemigation units at one time.
- FEES ARE NON-REFUNDABLE! The **Chemigation User's Permit** application/renewal fee is payable annually only on wells or water points of diversion to be used in the chemigation process during current year:  
\$75 = first well/water point of diversion  
\$15 = each additional well/water point of diversion  
The **Chemigation Equipment Operator** certification/recertification fee is payable every five years:  
\$25  
Both fees may be combined and one check issued. Make check or Money Order payable to: *Kansas Department of Agriculture*. Fees must accompany this application. Sending currency through the mail is discouraged. Your canceled check is your receipt. Please use the fee schedule and calculation table below to prevent over/under payment.
- Other Kansas Chemigation Safety Law registration requirements are:

- A. Each application for a new permit must be accompanied by Form CSL-457, PLAN FOR USING REQUIRED ANTI-POLLUTION DEVICES. This form must include or be applicable to each point of diversion listed in PART 3. The requirements for anti-pollution devices are listed in the leaflet entitled, "KANSAS CHEMIGATION SAFETY LAW, INFORMATION AND REQUIREMENTS." Verify your compliance by signing and dating this form.
- B. Each application for a new permit must be accompanied by Form CSL-120, PLAN FOR HANDLING TAILWATER. The plan must address or be applicable to all water sources listed in PART 3. Irrigation systems that do not produce water accumulations should be identified as such. The plan should describe the precautions taken and methods used to assure that water containing pesticides, fertilizers or other chemicals, or animal wastes does not leave the area intended for treatment.
8. All of the following required forms must be signed, dated and submitted for prompt issuance of permit/certificate:  
User's Permit: CSL-100 (Orig.+yellow copy; retain pink copy for your records); CSL-120; CSL-457; fee \*.  
CEO certification: CSL-30; CEO exam answer sheet, fee\*.  
 \* Check (signed) or Money Order (no cash) in the amount of total chemigation fees due.
9. After being permitted, a packet of renewal documents will be mailed to the permit holder the first of December.

CHEMIGATION FEE SCHEDULE AND CALCULATION TABLE FOR USE BY APPLICANT			
1 <sup>st</sup> Point of Diversion (1 <sup>st</sup> Well/pod Only) . . . . .	\$75.00		\$ 75
	<u>Total Pod's</u>		
Total <b>Additional</b> Points of Diversion (2 <sup>nd</sup> Well/pod, 3 <sup>rd</sup> Well/pod, etc.) . . . . .	_____ x \$15.00 ea. =		_____
		TOTAL WELL FEES	\$ _____
	<u>Total CEO's</u>		
Total CEO(s), New and/or Expired – EXAM SHEET + APP <u>MUST</u> BE ATTACHED	_____ x \$25.00 ea. =		\$ _____
		TOTAL CEO FEES	\$ _____
<b>TOTAL CHEMIGATION FEES FOR CURRENT YEAR</b>			<b>\$ _____</b>
<div style="display: flex; justify-content: space-between;"> <div> Your Check No. _____  Dated: _____ </div> <div style="text-align: right;"> <i>Make check payable to:</i> <b>Kansas Department of Agriculture</b>  <b>FEES ARE NON-REFUNDABLE</b> </div> </div>			